

EXHIBIT D

Ohio Workers' Comp Claim No. 2707



A 0 0 0 0 2 7 0 7 B

WR Grace
Bankruptcy Form 10
Index Sheet

SR00000295

Claim Number: 00002707

Receive Date: 12/12/2002

Multiple Claim Reference

Claim Number	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
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	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

Attorney Information

Firm Number: Firm Name:

Attorney Number: Attorney Name:

Zip Code:

Cover Letter Location Number:

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD	<input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> Other Attachments	<input checked="" type="checkbox"/> Other Attachments
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

MEMORANDUM

To: **Bankruptcy File**
From: **Legal Operations, Bankruptcy Unit**

Policy No. 4650
Name of Debtor WR Grace & Company
Date: 12/9/2002

<u>Description of Billing</u>	<u>Amount</u>
Premium Billings: Balance due on audit findings 1/1/91-12/31/92	\$ 257,480.24
Total Premium:	\$ 257,480.24
Grand Total:	\$ 257,480.24